

EXHIBIT 2

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**IN THE UNITED STATES DISTRICT COURT
STATE OF UTAH, CENTRAL DIVISION**

CYNTHIA STELLA, and the ESTATE OF
HEATHER MILLER,

Plaintiffs,

vs.

DAVIS COUNTY, SHERIFF TODD
RICHARDSON, MAVIN ANDERSON,
JAMES ONDRICEK

Defendants.

**DECLARATION OF KEN STARR
IN SUPPORT OF MOTION FOR
PARTIAL SUMMARY
JUDGMENT [DN 31]**

Case No: 1:18-cv-002

Judge: Jill Parrish

I, Ken Starr, declare:

1. Attached as Exhibit A is a true and accurate copy of my bio and CV.
2. Attached as Exhibit B is a true and accurate copy of my expert opinion provided to
Plaintiffs' Counsel.

3. Prior to issuing my opinion. I reviewed records relating to the death of Ms. Heather Miller on December 21, 2016, specifically the EMS records, the ER record, the autopsy report and the notes of the Attorney General's investigation.
4. I attest that I am Board Certified in Emergency Medicine and licensed to practice in the State of California without restriction. I have been practicing Emergency Medicine full time since 1997 at both urban regional trauma centers and smaller more rural hospitals. Additionally, I serve as an expert medical reviewer for the Medical Board of California in the fields of Emergency Medicine and Addiction Medicine.
5. If called to testify at trial, I would testify to the facts and opinions contained in Exhibit B. Specifically, I would testify to the following:

SUMMARY:

6. At approximately 1755 on 12/21/16 Ms. Miller fell from the top bunk of her cell. A nurse evaluated her moments after the fall.
7. About 2030 (1.5 hours later) Ms. Miller was noted to be lying on her back on the floor.
8. At 2039, Ms. Miller arrived in the medical area where vital signs were attempted.
9. EMS was activated at 2041.
10. By 2048 (about 3 hours after fall), the first EMS vital signs demonstrated a pre-cardiac arrest condition from internal exsanguination.
11. At time 2206 patient was pronounced dead in the emergency room
12. The autopsy report identified splenic trauma as the cause of death from internal hemorrhage. About "1.3 liters of blood" were identified in the abdomen associated with a "near complete transection of the spleen".

13. Heather's fall from the top bunk ruptured her spleen to the point of near complete transection.

OPINION:

14. In the span of 3 hours Ms. Miller experienced hemodynamically significant deterioration.

15. If vital signs had been obtained, there would certainly be evidence of her deterioration within 1 hour of her injury, hence " The Golden Hour of Trauma Care".

16. Blood loss of only 15% of total blood volume results in a high pulse rate, anxiety, and a narrow pulses pressure.

17. Once 30-40% of blood loss occurs all patients will show an elevated heart rate, a low blood pressure, a narrow pulse pressure, and elevated respiratory rate, and increased anxiety or confusion (Guly HR, Bouamra O, Spiers M, et al. Vital signs and estimated blood loss in patients with major trauma: testing the validity of the ATLS classification of hypovolaemic shock. *Resuscitation*. 2011;82(5): 556-559).

18. Had Ms. Miller's blunt abdominal injuries been recognized earlier, it is my professional opinion that this condition would have been surgically treated and she would have a very high likelihood of survival with no resultant sequelae.

19. Splenic injuries are associated with a very high likelihood of survivability when identified early.

20. Splenic injuries are effectively treated today due to the ability to recognize these injuries earlier via bedside ultrasound and CT imaging.

21. Both these modalities are readily available at nearly every emergency department in the county.

22. If Heather's vital signs were obtained earlier, her serious and life threatening condition would have been rapidly recognized by the jail medical staff.

23. Unfortunately, by the time her condition was adequately assessed, it was too late.

I declare under penalty of perjury in the State of Utah that the foregoing is true and correct.

Executed on May 15, 2019 in Utah
California

Ken Starr
Ken Starr

EXHIBIT A

Ken Starr M.D. FACEP
295 Mar Vista Drive Los Osos CA 93402
kstarrmd@gmail.com 805-710-1600

**Professional
Experience:**

French Hospital Medical Center
1911 Johnson Ave.
San Luis Obispo, CA 93401 7/2018-Present

Arroyo Grande Community Hospital
345 South Halcyon Road
Arroyo Grande, CA 93420 7/2018-Present

Santa Ynez Valley Cottage Hospital
2050 Viborg Rd.
Solvang, CA 93463 1/2017-Present

Central Coast Emergency Physicians
Sierra Vista Hospital in San Luis Obispo, CA
Twin Cities Hospital in Templeton, CA
105 S Main St.
Templeton, CA 93465 Dates 9/10-Present

Monterey Bay Emergency Physicians
Community Hospital of the Monterey Peninsula
23625 Holman Hwy Monterey CA 93942 Dates 3/12-7/18 Resigned

Marian Medical Center Emergency Physician Medical Group
Marian Regional Medical Center
1400 East Church Street
Santa Maria, CA 93454 4/11-5/12 Resigned

Oregon Health & Sciences University School of Medicine
Affiliate Assistant Professor Department of Emergency Medicine
November 1, 2009 to Dec 2010. Clinical Instructor

Department of Veterans Affairs
Roseburg VA Medical Center
913 NW Garden Valley Blvd
Roseburg, Oregon 97471
Attending Emergency Department Dates: 4/10-12/10 Resigned

Eugene Emergency Physicians
Sacred Heart Medical Center
PO BOX 5920
Eugene, OR 97405 Dates: 9/01-8/31/10 Resigned

Lebanon Community Hospital
525 N. Santiam Hwy.
Lebanon, OR 97355 Dates: 7/00-9/01 Resigned

Education & Training

Residency: Texas Tech University Health Sciences Center
Department of Emergency Medicine
Thomason Hospital
4815 Alameda Ave.
El Paso, TX 79905 Dates: 7/97-6/00

Medical School: Texas Tech University Health Sciences Center
School of Medicine
3601 4th Street
Lubbock, TX 79430 Dates: 8/93-5/97

Undergraduate: University Of Colorado
Boulder, CO
B.A Molecular, Cellular, and Developmental Biology Dates: 8/88-5/92

State Licensure: Oregon Medical License MD2232 issued 4/00 expired 12/13
California Medical License A105044 issued 7/30/08 expires 10/19
Hawaii Medical License MD-1005 issued 4/17/00 expired 1/31/10
Texas Medical License K5407 issued 8/22/98 expired 2/28/02

Professional Memberships:

American College of Emergency Physicians 1/96-12/17
National Association of EMS Physicians 11/98-12/10

Board Certifications: American Board of Emergency Medicine 4/01-12/21
American Board of Addiction Medicine 11/2014- 12/2024

Original Research: Starr KG, Nelson BK, Loflin JR, Athna NT. *Ambulance transport in an urban setting: Do lights and sirens get you there faster?* Prehospital Emergency Care. 1999; 2:82. Presented at the National Association of EMS Physicians 1999 Annual Meeting.

EMS Medical Director Experience:

Lebanon Fire District, Sweet Home Fire District, Brownsville Fire District 3/01-8/03
3000 calls/year. ALS transporting agency.

Lane Rural Fire and Rescue 6/04-12/10
2700 calls/year. ALS transporting agency.

Lane County Fire District #1 6/07-12/10
1200 calls/year. BLS First response agency.

REACH Air Medical Services 8/07-12/10
Oregon Region Medical Director
Fixed/Rotor wing service in
CA, OR , IL. 6000 calls/year. Critical care transport.

Central Lane Communications 911 Dispatch Center

20009-12/10

Medical Director. 300,000 calls/year.

Medical Priority Dispatch System utilized.

Lane Community College Paramedic Training Program

2008-12/10

Medical Director for education, training, and curriculum development

Medical Control Board of Lane County

2001-12/10

Principal member setting procedures, policies, and protocols for

all EMS services in Lane County including City of Eugene and Springfield.

EXHIBIT B



107 NELSON ST.
ARROYO GRANDE, CA 93420

September 4, 2018

Law Offices of Tad D. Draper P.C
12339 South 800 East #101
Draper, Utah 84020

Re: Heather Miller death in Davis County Jail

Dear Mr. Draper,

Per your request, I have reviewed some of the records relating to the death of Ms. Heather Miller on December 21, 2016 while she was an inmate at Davis County Jail in Bountiful, Utah. Specifically, I reviewed the EMS records, the ER record, the autopsy report and the notes of the Attorney General's investigation.

I attest that I am Board Certified in Emergency Medicine and licensed to practice in the State of California without restriction. I have been practicing Emergency Medicine full time since 1997 at both urban regional trauma centers and smaller more rural hospitals. Additionally, I serve as an expert medical reviewer for the Medical Board of California in the fields of Emergency Medicine and Addiction Medicine.

The opinions herein are made to a reasonable degree of medical probability, which is a national standard of care, treatment and medical science.

The pertinent facts of the case are:

-At approximately 1755 on 12/21/16 Ms Miller fell from the top bunk of her cell. A nurse evaluated her moments after the fall.

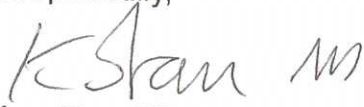
- About 2030 (1.5 hours later) Ms. Miller was noted to be lying on her back on the floor
- At 2039, Ms. Miller arrived in the medical area where vital signs were attempted.
- EMS was activated at 2041
- By 2048 (about 3 hours after fall), the first EMS vital signs demonstrated a pre-cardiac arrest condition from internal exsanguination.
- At time 2206 patient was pronounced dead in the emergency room.

The autopsy report identified splenic trauma as the cause of death from internal hemorrhage. About "1.3 liters of blood" were identified in the abdomen associated with a "near complete transection of the spleen".

Heather's fall from the top bunk ruptured her spleen to the point of near complete transection. In the span of 3 hours Ms. Miller experienced hemodynamically significant deterioration. If vital signs had been obtained, there would certainly be evidence of her deterioration within 1 hour of her injury, hence "The Golden Hour of Trauma Care". Blood loss of only 15% of total blood volume results in a high pulse rate, anxiety, and a narrow pulses pressure. Once 30-40% of blood loss occurs all patients will show an elevated heart rate, a low blood pressure, a narrow pulse pressure, and elevated respiratory rate, and increased anxiety or confusion (Guly HR, Bouamra O, Spiers M, et al. Vital signs and estimated blood loss in patients with major trauma: testing the validity of the ATLS classification of hypovolaemic shock. Resuscitation. 2011;82(5): 556-559)

Had Ms Miller's blunt abdominal injuries been recognized earlier, it is my professional opinion that this condition would have been surgically treated and she would have a very high likelihood of survival with no resultant sequelae. Splenic injuries are associated with a very high likelihood of survivability when identified early. Splenic injuries are effectively treated today due to the ability to recognize these injuries earlier via bedside ultrasound and CT imaging. Both these modalities are readily available at nearly every emergency department in the county. If Heather's vital signs were obtained earlier, her serious and life threatening condition would have been rapidly recognized by the jail medical staff. Unfortunately, by the time her condition was adequately assessed, it was too late.

Respectfully,


Ken Starr MD FACEP